

## MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7537

STATE FILE NUMBER

-61-030749-

FILED AUG 18 1961

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

ST. LOUIS

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

admission)

c. CITY OR TOWN

ST. LOUIS

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

ST. ANTHONY Hosp.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

5314 LANSDOWNNE

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

INFANT PATRICIA GAMBLIN

4. DATE OF DEATH

Month

Day

Year

AUG. 14 1961

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

AUG. 14 1961

## 9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ST. LOUIS Mo

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

JAMES GAMBLIN JR.

## 13b. MOTHER'S MAIDEN NAME

DOROTHY KOHLER

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

5314

JAMES GAMBLIN LANSDOWNNE

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fetal Anoxia

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

762.0

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-14-61 to 8-14-61 and last saw her alive on 8-14-61

Death occurred at 4:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

George G. Brennan M.D.

## 22b. ADDRESS

3606 Gravois

## 22c. DATE SIGNED

8/14/61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

AUG. 14. 1961

## 23c. NAME OF CEMETERY OR CREMATORY

CALVARY

## 23d. LOCATION (City, town, or county)

ST. LOUIS

(State)

Mo

## 24. FUNERAL DIRECTOR

## ADDRESS

Thomas Kuter 2906 Gravois

## 25. DATE RECD. BY LOCAL REG.

AUG 14 1961

## 26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 7906 grover

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by-a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.